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CONFIRMATION NO. 6084

<b>SERIAL NUMBER</b> 10/502,349	<b>FILING OR 371(c) DATE</b> 07/23/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> 12637/71
<b>APPLICANTS</b> Ali Rezai, Bratenhal, OH; Ashwini Sharan, Mt. Laurel, NJ;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/02846 01/31/2003 which claims benefit of 60/353,697 02/01/2002 <i>Verified JD</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none JD</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>JD</i> Examiner's Signature <i>[Signature]</i> Initials <i>JD</i>		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 39
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 23838				
<b>TITLE</b> Modulation of the pain circuitry to affect chronic pain				
<b>FILING FEE RECEIVED</b> 642	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	